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Communications.

RETARDED DILATATION OF THE OS UTERI IN LABOR.

Read before the Philadelphia County Medical Society,

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Continued from No. 1067.

II.—Delays from Absence of Dilating Wedge.

In the first part of this paper, read at a previous meeting of the society, I called attention to those conditions which delay the first stage of labor, which have their origin in the cervix itself, consisting either of spasmodic contraction or true rigidity of tissue. This evening I wish to continue the subject in reference to delays arising from causes not originating in the os itself, and yet which may be and often are mistaken for the results of rigidity. These are the cases in which the os uteri remains closed, even though the contractions of the uterus are active, simply because the dilating mass is not brought to bear upon its rim; dilatation being retarded because there is no mechanical force operating to effect an opening.

Now, in my experience these are the cases in which much more frequently we find retarded labor than in those already spoken of, for I must say that in my practice I have but in few cases, comparatively, met with true rigidity of the cervix, or with spasmodic contraction, whereas I am constantly meeting with the cases which I have made the subject of this evening's paper.

We may divide these cases properly into those which depend upon causes connected with the contraction of the uterine body, and those resulting from faulty relations of the presenting mass with the pelvic strait.

Among the first class we sometimes find simply a condition of inertia of the uterus as the delaying influence. An ordinary case of inertia could never be mistaken for one of rigidity. Simple inertia is characterized by a feebleness of the contractions, slight suffering on the part of the mother from the pains, and a long interval between them, all of these conditions varying in different individuals. The os may be soft, and dilatable with the finger, and the fœtal mass enter fairly into the brim of the pelvis, and impinge upon the os at each recurring contraction, and yet the pain may pass off, having expended so little force upon the uterine tissue that no appreciable dilatation has taken place. This is the ordinary and easily recognizable condition of inertia or sluggishness of uterine action in the first stage; but sometimes we find inertia manifesting itself under different conditions. The pains are frequent, the suffering caused by them is great, the presenting mass is driven down apparently firmly into the brim of the pelvis and the lower segment of the uterus, and the os becomes tense under the influence of the contraction; yet the labor does not progress; when we pass the examining finger into the os, letting it remain until a pain, we find that the contraction, which, as I have said, is apparently vigorous, and causing suffering, nevertheless does not force the presenting mass against the rim of the os with any force, there being no decided pressure

against the finger from the onset to the close of the pain. We know, then, that although the uterine contractions are regular, the expulsive effort is feeble; that the os uteri does not open because there is no active dilating force.

Now, we have this condition of inertia entirely independent of any rigidity, and we must treat it simply with reference to its own proper character, by stimulating the uterine fibre to more active normal effort. For the promotion of this end we have at command many reliable agents; such as active *frictions* over the abdomen; administration of *diffusible stimulants*, as the bowl of hot tea; medicated decoctions, such as ginger, balm, mint or other teas; the hot toddy, or milk punch; the hot and cold *douche;* and other well-known remedies. The agent in which I have had most confidence recently, in overcoming simple inertia of the uterus, is the *sulphate of quinia*, upon the action of which upon the gravid uterus at full term I presented a paper to the College of Physicians, in December, 1874, published in the *Transactions* of the College, volume VIII. The views therein expressed I have had no reason to change, and it is with great confidence that I administer to every patient, after the development of normal labor pains, fifteen grains of bisulphate of quinia I prefer this salt to the sulphate, because of its very rapid solubility, and proportionately speedy absorption and production of the stimulant effect upon the contractions of the womb. I do not hesitate to give it in every case, because, even when there is no decided inertia at the onset of labor, there may be a failure of the powers of the mother, from early exhaustion and fatigue, and we get the benefit of the quinia in diminishing this tendency, and also in promoting the condensation of the uterine fibre after the delivery of the placenta, thus lessening the dangers of post-partum hemorrhage, and the annoyances of the after pains so commonly resulting from a slow condensation of the uterine muscle. I have never yet seen any untoward result from its uniform administration, having used it now for nearly four years, even in cases where the susceptibility to its effects was ordinarily quite marked. I have never yet seen any unpleasant degree of cinchonism produced; and inasmuch as quinia has no specific effect upon the uterus, acting simply as a stimulant to the normal action of the organ, imparting to it a healthful vigor, in common with other organs needing a like stimulus, we need have no fear of arousing violent or dangerously prolonged action.

Perhaps I may here be allowed to enter a protest against the too hasty use of an agent which only a few years ago was looked upon as the eminently proper resort in inertia of the uterus, viz., *ergot.* Unlike quinia, ergot has undoubtedly a specific influence upon the action of the uterus, not exclusively upon that organ, but affecting it in common with all involuntary muscles, producing a continuous contraction. In this respect it violates that important law of the healthful uterine expulsion by virtue of which the womb fibre contracts intermittently, to save the mother's tissues from dangerous contusion, the uterus itself from risk of rupture, and the child from asphyxia, rendered liable by the continuous pressure of its placental vessels diminishing and almost cutting off completely its supply of ærated blood. I feel that the cases in which ergot may be safely administered as a stimulant to the uterus in labor ought to be carefully selected. If there be any delay from disproportion of the fœtal mass to the pelvic strait, or from unfavorable presentation, any of the risks just mentioned may be imminent. I very seldom give ergot in any case of labor until the second stage has terminated; never in a primipara, unless it would be in a hemorrhage before expulsion, and never in any other case unless I know from previous experience in that particular patient that the pelvis is ample and the prospect of delay from obstruction is reduced to nothing. I am satisfied that if this rule was carried out the cases of ruptured uterus would be greatly diminished.

In some cases the inertia may arise from a preternatural distention of the amniotic sac; the uterine muscular fibre being enfeebled in its action by its excessive stretching, it seems, as it were, to stand aghast at the immense mass upon which it has to act. In these cases we may, with advantage, rupture the membranes and let the water slowly drain off, when the uterine fibre may condense itself, and, gaining power thereby, go to work more bravely and with full effect.

Another condition connected with the action of the uterus itself giving rise to delay in the dilatation of the os uteri is that of irregular contractions of the muscular fibre, a want of coordinate action or harmony in the expulsive effort. The pains of labor are violent, frequently recurrent, exhausting to the mother,

yet no dilatation takes place, the os does not yield, and the finger introduced finds the presenting mass, although well down in the pelvic cavity, not drawn with any force against the rim of the os. The hand placed upon the abdomen during a pain recognizes the cause of delay, the uterine tumor giving the impression, not of a uniformly hardened surface, but presenting ridges and furrows, lobulated and bossellated; and the firm pressure of the fingers upon the abdominal walls, as they pass from point to point of this irregular mass, causes the patient to cry out with pain, a condition quite unknown to the healthy and normally acting womb. This state of things may arise from rheumatic irritation of the uterus, or from subacute inflammation of its walls, or from the same causes as produce the spasmodic contraction of the cervix, which were noticed in the first part of this paper, and it will yield to the same constitutional treatment. Attempt no force; do not enrage the already irritated fibres of the womb by rude efforts at compulsory labor, but soothe them, remove the causes of irritation, give them rest and quietude for a little time, and they will go to work regularly and methodically. Use your opium locally or generally, as before recommended for the spasm of the neck, your warm baths, hot teas; anæsthesia, with ether or chloroform, if you prefer it, used not to unconsciousness, but simply to the sedative effect; chloral might also be used here, with more advantage, probably, than in the spasmodically resisting neck, though I have never used it for the purpose. After quieting with any such means the overwrought and fretted womb, if it is left exhausted after its fruitless efforts, stimulate it with the diffusible stimulants, and especially with quinia.

Still another condition may delay the dilatation, and weary the patient and the accoucheur with long waiting, if not recognized. We may have labor coming on prematurely, a few days or a few weeks before the womb is ready to turn out its contents, being thrown into active contraction by some undue muscular strain or moral shock in the mother. The pains are violent, regularly recurring. Not the diffused abdominal pains, characteristic of false labor, but properly located and normal in kind. But the touch shows, as usual, the cervix not perfectly obliterated, and the os scarcely patulous. This may not always be the case, however, as I have seen premature labor advance until the os was dilated to the size of a half dollar, under excessive mental disturbance, then ceasing with the sudden return of tranquillity, and not recurring for four weeks, when the process was terminated, promptly and easily. The essential treatment of these cases is with repeated opiates to the rectum; if premature labor is suspected, when dilatation is slow, give opium locally; if the suspicion be correct, it will in all probability arrest the contraction, and it is the only agent which affords the least certainty of success in saving the mother from a long and exhausting effort to open a womb whose circular fibres have not received the preparatory softening of tissue which takes place at the full period of gestation. A premature labor, if not arrested, is usually a long and exhausting one, the difficulty to be overcome being a general rigidity of the whole lower segment of the uterus. The opium will quiet the irritation which has developed it, if this be the condition, whereas, if the suspicion be not correct, if the labor pains are the result of mere physiological stimulus, nothing can arrest them completely, short of death.

The remaining class of cases in which there are conditions interfering with dilatation of the os in labor, are those depending upon the relation of the presenting mass to the pelvic brim; the cases in which the fœtus, being prevented from dipping down into the pelvic excavation, cannot impinge upon the rim of the os, and necessarily cannot act mechanically in effecting its dilatation. These may consist either (1) of cases in which there is a want of relation in the measurement of a pelvis and of a fœtus, presenting normally (*i. e.*, a large fœtus, or a small pelvis), or (2) of those in which, with ordinary size of both, the fœtus may be unfavorably placed for entering the brim.

I do not propose to consider, under this head, the extreme cases of markedly contracted pelvis, nor the distorted pelvis, nor cases of shoulder or other transverse, nor face presentations, all of which are easily recognizable before the labor has progressed far enough to be called tedious; but to confine myself to those conditions in which dilatation is slow or altogether arrested, and yet where, until a careful diagnosis is made, no abnormal condition or reasonable cause of delay is apparent. These are conditions which, to the young obstetrician, and to the general practitioner who is occasionally compelled to

take charge of lying-in cases, are explicable only upon the supposition of rigidity of the os uteri, and are treated upon this theory often with the sad results of loss of life to the child and integrity of tissues to the mother. It was mainly for the purpose of calling attention to the diagnosis and correct treatment of these cases, by grouping the various conditions well known to us all for which they might be mistaken, that I was led to bring this subject before the society for discussion.

We have, then, first, the cases where the head presents regularly, but either the pelvis is a little below the standard in the measurement of its brim, or the head is a little above the ordinary measurement of its diameter. In either case the results are the same. So long as the membranes are unruptured the labor progresses with a slow effort at dilatation, simply effected by the pressure of the bag of waters. The head being disproportioned to the brim, rests above it, moving freely, without any attempt at engagement; not entering the excavation, it cannot aid in the dilatation. If the membranes are tough and unyielding the dilatation may advance considerably by their insinuating themselves as a conical wedge into the cervix; though the process must be slow in a primiparous woman.

But in a great proportion of cases where, from any cause, the presenting mass does not enter the brim and occupy the lower segment of the womb as a plug (as in the case of the frank vertex presentation of ordinary measurement), thus protecting the membranes from the violent force of the water driven by each recurring contraction, we are apt to have a premature, or, at least, very early, rupture of the membranes. We all know the old proverb of the lying-in chamber, that a "dry labor is a long labor;" but the accoucheur understands that the labor is dry because it is going to be long; that the waters drain off because the membranes have broken for want of that support which they would have received from a head entering early, and likely to pass rapidly through, the brim of the pelvis. This protection is so marked in a normal labor, as we know, that often the membranes do not give way until the head has reached the perineum, the pelvic straits being completely plugged by the closely-fitting head, scarcely enough water preceding it to bulge the membranes during a pain, and yet the expulsion of the child's body being followed by a torrent of water, deluging the bed, and threatening to drown the child unless speedily removed from its nearness. But in the cases under consideration we usually have the opposite condition; the want of support favors the early rupture, and we have the dry labor; and if the features mentioned are very marked, or the uterine powers at all feeble, we will have the tedious labor. Let us see what now takes place. The water being drained off, the forces of the uterus are expended directly upon the fœtal mass, and the head driven in flexion against the pelvic brim; here it rests, making no impression upon the lower segment of the womb but to squeeze its walls more and more, with each successive pain, between the hard cranial bones and the harder pelvic brim. The os uteri is far below in the pelvic excavation, or it may be just far enough not to be reached by the pressure of the head resisted in its progress into the excavation. At any rate, it does not dilate, simply because there is no mechanical force brought to bear upon it; it rests undisturbed, waiting for the head to be gradually forced from above or drawn from below, through the narrow passage which arrest it. And so soon as this solid mass impinges upon its rim, then dilatation goes on regularly, and perhaps even more rapidly than it would have done at the first.

When we examine such a case at the onset of labor, there is nothing very striking about it, though the experienced touch will recognize, even before the membranes are ruptured, that the head is very high up, that the vaginal tumor, instead of being spherical and firm, is more conoidal and soft; that the finger can enter a good distance within the cervix before coming in contact with the bones of the cranium. But the rupture of the membranes gives more distinctive signs of the true condition of things. The pains are violent, and frequently recurring, yet no dilatation takes place; a casual examination of the os from time to time shows no change, and in the primiparous woman the cervix maintains a firmness of tissue which, in conjunction with the activity of the expulsive effort, suggests naturally at first the diagnosis of marked passive rigidity. But the finger passed within the os gives us the accurate diagnostic points of the case. Before the pain comes on we may notice the distance of the head above the level of the os uteri, and if the water is drawn off some time, we find a rapid develop-

ment of the caput succedaneum; we can carry the finger around the cranium at the circle of impact upon the brim of the pelvis, and at the point we find a well marked circumference line of demarcation between the infiltrated tissues and the firm scalp, supported by pressure upon the pelvic brim. When the pain comes on, the head makes no advance, and we find that the space between it and the os uteri remains unchanged; there is no pressure upon the os, no dilating force brought to bear upon it, and it remains as passive in the labor at this stage as does the perineum. It does not even condense its fibres; there is no tension of its tissues. This gives us a positive diagnostic sign, by which we distinguish between delay in dilatation from rigidity and delay from the absence of a dilating mass. In the one case every pain brings the fœtal presentation to bear upon the rim of the os, which becomes firm and tense, and braces itself up to resist the transit of the head, and the finger passed between them is forcibly compressed and often driven out from the cavity; in the other, no contact of presentation with orifice, no increased tension of tissues, no resistance, because nothing to be resisted. Now, how important this diagnosis as bearing upon the treatment of the case; if we mistake the condition for one of rigidity, we may exhaust our whole list of remedies, and gain nothing, and our patients, mother and child, be steadily losing, the one from continued compression of her tissues and exhaustion of her strength, and the other from gradually developing asphyxia from prolonged pressure.

What, then, is the treatment of such cases? Essentially the *forceps*, to be carried into the uterus so soon as the os is sufficiently opened to warrant it, after waiting long enough to be sure that the mother cannot easily deliver herself; but not until we fear exhaustion by further delay, in which case we may be too late. Now, what are the difficulties in the use of the forceps in these cases? The general objections to passing the forceps within the lips of the womb I discussed, and I hope proved groundless, in my previous paper. But it may be urged that the application of the blades to the head at so high a point as the brim, when the os is undilated, is a difficult operation. I consider it, with a little practice and a clear understanding of the pelvic anatomy, almost as easy as when the head is at the perineum, vastly more so than when it is impacted obliquely in the excavation of the pelvis. The head is not firmly fixed, the blades pass easily into the cavity after a little traction with the finger upon the lips of the uterus, and lying between the head and the soft and flexible uterine wall, they can be readily carried into any position required. But to do this, we must never forget the curved axis of the pelvis, and the relation of the blades to that axis; especially the fact that when the blades are in position at the brim they are perpendicular to the plane of the brim, and that the handles of the instrument will then be very forcibly carried backward against the coccyx, pressing firmly against the perineum. The remembrance of this fact gives us an important and essential clue to the introduction of the blade; and I have often seen experienced accoucheurs foiled in their efforts at applying the blade at the brim, because they directed the handle so far forward, toward the pubes, that the point of the blade, instead of entering the brim and passing upward to its position, was being driven and ground against the concavity of the sacrum; a suggestion on my part to depress the handle forcibly against the perineum being followed by a successful result. The same conditions of form of instrument, rules of application, and method of traction, must be followed as were recommended before in the introduction, occasionally required in obstinate rigidity. And we then have the perfectly safe and only available means of aiding our patient through her first stage of labor. If we wait for dilatation of the os before applying our forceps in these cases, we need never apply them; because the os cannot dilate until the head is either drawn down with the forceps, or slowly moulded, pushed through, by the exhausting efforts of the uterus, and the mechanical dilating force brought to bear upon it. The period of forced dilatation of the os must not be too short, plenty of time being allowed for the gradual opening of the cervix as the head passes through it, that no laceration can result. Usually in these cases the os is so relaxed after the already prolonged labor, that scarcely any resistance is experienced.

I now come to the last variety of this class of cases which I propose discussing, viz., those in which the delay in dilatation results from an occipito-posterior position of the head, in otherwise perfectly normal labors, with heads

not over and pelvis not under ordinary size, and with the tissues not unnaturally rigid. These are, in my experience, the vastly most numerous cases of delayed dilatation: the ones most frequently mistaken for cases of rigidity; the ones most requiring careful management; the ones most satisfactory in their results if fully understood. The occipito-posterior positions, especially in primipara, are the plague of the young obstetrican. Time does not allow me to do more than briefly call attention to the source of annoyance and trouble in these cases, or to their mode of relief. My paper has already taxed your patience far beyond its original intention. I may perhaps, at some future time, enter more into details upon the mechanism and management of these cases. Suffice it to say now, that the relation of the fœtus to the brim of the pelvis is such that the occiput, in consequence, firstly, of the anterior obliquity of the uterus, and, secondly, of the resistance of the elastic tissues of the child's neck, is carried firmly backward against the posterior wall of the uterus and the sacro-lumbar promontory, causing a presentation at the brim, not of the posterior fontanelle, but of the anterior extremity of the sagittal suture. For the head to enter the brim, as it must, with its occipito-mental axis coincident with the axis of the superior strait, the occiput must be drawn forward, that is, the chin must be flexed upon the thorax very forcibly, much more powerfully than in the anterior position, when the flexion is easily accomplished. Now, it is the difficulty of completing this flexion, and driving the flexed head into the brim and down into the excavation, to impinge upon the os uteri, that is the cause of delay in the first stage of labor in a large majority of all occipito-posterior positions. And these cases occur with vastly greater frequency than those of disproportion in measurement, which I have just been considering. According to statistics, they constitute nearly one-third of all cases, and in my experience a larger proportion still.

We have usually the condition mentioned in the last class of cases, only to a more marked degree; a long continuance of feeble but annoying preliminary pains, coming on sometimes several days before active labor sets in; frequently very early rupture of the membranes, slowness, and in extreme cases complete want, of dilatation. The examination shows the conical cervix, the unengaged head, the entire absence of pressure upon the rim of the os, even in the hardest pain. We only then need the diagnostic points of the cranial bones to decide us as to the cause of delay; and here, I may say, upon the accuracy of diagnosis depends everything in the management successfully of these cases, not only in fixing positively the cause of delay, but much more in skillfully applying the remedy. Without this accuracy they cannot fail to baffle the medical attendant. We must not stop short of an absolute certainty as to the location of the cardinal points upon the head; we must find the fontanelles, posterior and anterior, or if the caput succedaneum has obliterated these landmarks, we must pass the finger beyond its margin and find the sutures which lead to them, and if we cannot fix accurately their relation, even carry the finger up anteriorly upon the nasal prominence, or laterally over the parietal bone, till we find the ears. We can do this, because the head is not firmly fixed at the brim, although we may require to carry up the perineal tissues very forcibly, or even to introduce the hand into the vagina to reach these points upon the cranium. If the waters are not drained off, we do not need to carry our explorations so far, as there can then be no infiltration of tissues, and the fontanelles are easily recognized. But in that case we should make the touch very gently, to avoid rupture prematurely, by which we lose the dilating wedge of the membranes, and increase the danger to the child.

The diagnosis being settled, what are the indications for treatment. If the membranes are intact, do nothing; sustain the mother's strength, and wait; neither mother nor child is in danger. After rupture, if the head does not descend, then interference becomes needful. The delay is from want of flexion, want of power in the uterus to bring the vertex to the centre of the strait. We must help the uterus; how shall we do it. We may sometimes, by placing the finger behind the occiput, draw it forward; my eminent friend, Dr. Goodell, skillfully uses the vectis for this purpose. I prefer the forceps, because, if properly used, we have in them not only the means of promoting flexion, but also of aiding the uterus to fix the head in the excavation by traction upon it after it is flexed. We may get it flexed with the hand or the vectis, and think the pain has fixed it, but upon the subsidence of the pain the elasticity of the neck again carries it backward. To use the

forceps successfully in these cases they must be used with the greatest accuracy of application and the most conscientious care in traction. Carried within the lips of the uterus, the blades are to be with rigid nicety applied over the parietal prominences, the concave edge being necessarily in this position toward the anterior part of the head, the convex toward the occiput. Here comes in the necessity for certainty of diagnosis. We must know where the sides of the head lie in relation to the pelvis, otherwise we cannot apply the blades to their surface. Having completed the application, when a pain comes we grasp the head firmly between the blades, and drawing the handles forward, lift the occiput toward the centre of the strait, at the same time forcing the chin against the thorax. Thus we make the head revolve upon its bi-parietal axis as a centre, flexion is completed, and the expulsive power of the uterus relieved from this amount of tax upon its forces; but without relaxing the grasp, we now continue the aid to nature by making traction upon the flexed head in the direction of the pelvic axis, by pressing downward *firmly* with the left hand upon the back while we make a *little* traction upon the handles forward, and thus compel it to enter the brim and begin its descent. It now impinges upon the rim of the os, dilatation takes place, and the process, so far as the subject of this paper is concerned, is completed. For this operation how eminently do the virtues of the old-fashioned, unappreciated blades of Davis' forceps stand forth! What a completeness of grasp, what a thorough control, in the broad blade, to compel flexion? What a nice adaptation to every want in the peculiar character of the case. Next may come the Hodge forceps, narrower and therefore with less grasp. But the forceps now unfortunately so fashionable, of Simpson, and Barnes, and Dubois, and Bedford, with their narrow blades and kite-shaped fenestræ, are utterly inapplicable and worthless in this work. Their certainty of slipping and doing injury makes it preferable to leave the case to nature unaided, than to interfere with a clumsy and unfit tool.

And in these cases especially how important to grasp the head upon its sides, an oblique grasp having the effect, necessarily, of forcing the occiput more and more posteriorly, pressing the side of the occiput behind, and the side of the forehead before, both toward the line of the sacro-pubic diameter, thus preventing that anterior rotation which is so essential to a normal labor. After the dilatation has been effected, and rotation taken place as far as the transverse position, the blades of the forceps are to be removed, to prevent their concave edges from being driven toward the hollow of the sacrum, and, if necessary, reapplied.

If in this paper I have made my points clear, and have been able to make use of the experiences of every-day life to the help of any one, I hope it may somewhat compensate for the unintentionally tiresome and diffusely drawn-out method of putting them.

THREE CASES OF NARCOTISM.

BY HENRY P. WENZEL, M.D.,
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Accidental poisoning by narcotics is daily reported; and the suicidal mania, instead of retrograding, assumes greater propensities. We live in a fast age, and the motto is "Hurry." Even the sons of Esculapius are in the throng of neck-breaking progress; and investigations prove that prescribing is an experimental science. Let the following cases illustrate:—

Case 1.—Hoffman's Anodyne Poisoning.

On June 10th, 1875, 5 A.M., I was called to see Mrs. D. G., a Jewess, aged thirty-nine, the mother of six children; nervous hysterical temperament. Found her in slight clonic convulsions; partial unconsciousness; frothing at the mouth; pupils normal; respond to light; and an occasional scream. History: two months previously she had an attack of gastro-duodenal catarrh, and aborted at second month. She had slept until three o'clock; pulse 90; respiration 18; skin hot; abdomen tympanitic; no pain on pressure; evidently a case of so-called "Hysterical Convulsions." Injected one-eighth grain of morphine over epigastrium, without relief. Gave one-fourth grain internally, and ordered stupes of pennyroyal (hedeoma) to abdomen. An hour subsequently spasm ceased and she slept quietly. Pulse 95; respiration normal.

At seven o'clock I was hurriedly called, and found her in coma, from which she could not be aroused. Pulse 60; respiration sighing, 8; features pinched; face pale; clammy; pupils myotic; insensible to light; lips and finger nails cyanotic; heart's action feeble; extremities icy cold.

A stomach pump not being at hand, an

emetic was administered without any effect. Tickling the fauces proved useless. Cantharidal collodion in epigastrium and on nucha remained inactive. One-thirtieth grain atropine hypodermically proved ineffectual. An enema of tr. valer. ammon., ʒij, tr. belladon., ʒj, was not retained. Heat to the feet, flaggellations, whipping, dragging through the room, aqua ammonia to the nose, dashing cold water into the face, failed to arouse her. Breathing became stertorous and sank to six; pulse thready, 56; pupils closely contracted; skin clammy.

Dr. H. was called in consultation, and pronounced the case "a comatose condition from an overdose of opium." Turpentine enemata were recommended and failed. One of tincture valer. ammon., ʒiij, tincture belladonna, ʒij, was retained. The doctor advised "push your treatment," and withdrew. More counsel was refused.

Symptoms became graver; perspiration more difficult; the pulse weaker. There were no movements; she lay in a death-like trance. The only signs of animation were an occasional sighing gasp, and the scarcely perceptible flutter of the heart. Marshall Hall's method was tried. I sent for my battery; electricity was the forlorn hope. At 10.20 A. M. her pulse was scarcely perceptible; there was a rhoncus in the throat; the system relaxed; face marble white; eyelids partly open.

The strongest currents transmitted rapidly in succession through the chest, along spinal column, and a third obliquely from xyphoid cartilage to medulla oblongata, caused a perceptible gasp, and ten minutes' hard application a feeble respiration with flapping cheeks. A full interrupted current through head elicited a feeble groan and twitching of the extremities. The lips became reddish and the face was slightly flushed; the extremities warmer; and the skin lost its clammy sensation. The blistered surface puffed up and filled with a yellowish viscid fluid. At 12 M. pulse feeble, 40; respiration 2.5; face flushed, and brow bathed in perspiration.

1 P. M. Pulse 48; respiration 3; face scarlet; conjunctiva injected; incoherent muttering. Medium current through the chest improves respiration; a strong current through the brain causes a deep groan. Gave a drachm tincture valer. ammon. with six drops tincture belladonna; swallowed with difficulty.

2 P. M. Pulse 95; respiration 5; perspiration over entire body. Aphasia; cannot stand alone; two attendants walk her. She was allowed a few whiffs of ammonia. At half-past two the pulse was fuller, and respiration better. Pupils begin to dilate; cannot keep her eyes open. Electric currents along spine and chest.

3 P.M. Pulse 82; respiration 6; pupils respond to light. Electric currents cause pain. Answers questions incoherently. Gave an emetic, and copious emesis of a peculiar amber-colored fluid, emitting an ethereal odor, followed. Gave her a cup of strong coffee, and another dose of valer. ammon. and belladonna. Stupor lessens; can keep eyes open with an effort. At five o'clock I gave her a mustard draught, and another installment of the ethereal fluid followed. Improvement more marked. Pulse 80; respiration 6; Pupils still dilating. Feels "awful sleepy" yet, and walks "in a run."

5.30. Walks with ease; very loquacious and hilarious. She drank a cup of milk.

6 o'clock. Pulse full, 80; respiration 8; pupils midryatic.

8 o'clock. Pulse 80; respiration 9; photophobia; corneæ lustrous; skin cool and moist. No cephalalgia. Her entire body is covered with an eruption of miliary vesicles, and she complains of intolerable itching. Bowels opened with an enema of salt water and turpentine.

9 o'clock. Drank a cup of tea and ate a cracker. Lemonade freely given; all alcoholic stimulants interdicted.

At eleven o'clock all drowsiness removed. Pulse 82; respiration 11; pupils very mydriatic, and throat dry.

June 11th. 1 A.M. Pulse 90; respiration 13; some fever. Drew off urine with catheter. Sleepy. Ordered her a cup of strong coffee; directed the nurses to watch her carefully, and send for me should danger threaten.

My next visit was at 7 A.M. Pulse 88; respiration 16. Has slept since one o'clock. Urine high-colored. Complains of pains in limbs and weariness. Breakfast of toast and tea. Complete recovery in three days.

When the suspicious fluid was ejected the aspect of the case became different. Here there was a substance that had neither been given nor directed to be taken. Three-eighths of a grain of morphia could scarcely have produced such alarming results. She had taken one-quarter grain frequently during her previous sickness.

There had been rumors of suicide; of course we could not credit them (?).

The non-action of vaunted antidotes against opium-poisoning was certainly peculiar. Why did the large quantity not destroy life? I think the large quantity of the liquid in the stomach paralyzed osmotic action, and by that means saved her life. Perhaps the stupes caused relaxation of the tissues, and osmosis progressed for a while; or had the morphine overwhelmed her system? That the coma was so persistent, goes to prove that both poisons act in a similar way. Electricity saved her from articulo mortis.

At first she denied having taking anything, then she admitted having taken a few drops of essence of peppermint, of which not a trace had been or could be discovered on her person, clothing, or in the room. The nurse stated that Mr. G. had brought a bottle from the drug store before daylight, but she did not know what it contained. Finally the patient admitted to have taken a few drops of Hoffman's anodyne for the cramps, after her husband had given her several teaspoonfuls for the same purpose. She also admitted having eaten a dish of strawberries for supper, and that they always gave her the cramps. "*And when my husband called you, I took several teaspoonfuls myself.*" The vial (two ounce) was found in the corner of a wardrobe, labeled *Hoffmann's Anodyne.* The druggist recognized it at once, and stated that Mr. G. had called for it between three and four o'clock in the morning; that his wife had cramps in her stomach. Mr. G. verified this statement. There were three drachms of the anodyne left in the vial, consequently *thirteen drachms* had been disposed of in an hour and a half.

Case 2.—Poisoning by Datura Stramonium Leaves and Sprouts.

On the 10th of July, 1875, 10.30 P. M., I saw Maggie S., aged 10, Irish; she was in paroxysmal spasms, eyes injected; pupils mydriatic, globes turned under upper lids, face pale, cheeks and lips intensely tumefied, the latter of an ashen hue. Breathing stertorous, spasmodic; pulse hurried, thready; partial unconsciousness. Mouth and pharynx dry, grayish and œdematous; tongue very much swollen and uvula elongated and enlarged; pillars of fauces and soft palate thick and boggy; abdomen tympanitic; stomach drawn into hard knots, which cause pain on pressure.

Parents stated that she had been away all day with other children; that she came home complaining, but took her supper, composed of greens, and soon after took cramps and got out of her head." There was no trace of a caustic alkali or an acid on her person or clothing. We diagnosed the case poisoned by eating jimpson leaves.

An emetic acting tardily, I introduced my finger into the pharynx, and a lot of green stuff, composed of beans, leaves and twigs of stramonium, was thrown up. Gave another emetic, but only some mucus and bile were ejected.

Ordered the following powder, one to be given every hour until four are taken.

℞.	Pulv. opii,	gr.½
	Quin. sulph.,	gr.iss
	Pulv. cinnamomi,	gr.j. M.

Fresh milk internally, and an astringent wash of alum and water to fauces and tongue, warm cataplasms over lips, cheeks and anterior part of neck.

9 A. M., July 11th; pulse 85, pupils contract slowly, conjunctivæ less injected. Tympanitis subsided after giving enema. Epigastrium normal; no pain on pressure. Continue wash and milk. She had recovered completely on the next day. That she ate the weed or sprouts while away from home, is proven by the fact that no other member of the family who partook of the greens for supper was similarly affected.

Case 3.—Poisoning by Datura Stramonium Seeds.

September 21st, 1875, 9 P. M.; Mr. S. G. requested me to see his little daughter, Hattie, aged 2, at once; she had been ill since four o'clock. During the afternoon she had played with other small children among some weeds. They had given her three teaspoonfuls of castor-oil and a cup of milk, but she got worse, and they could not open her mouth. Found her in tetanic convulsions; opisthotonos, limbs jerking, face pale, eyes staring wildly, pupils mydriatic, insensible to light, pulse 180, respiration interrupted, croupy cough, skin hot and dry, abdomen large, epigastrium tender. Opened her mouth by force and gave twenty grains sulphate of zinc, followed in a few minutes by as many more, and a quantity of warm water. Violent emesis followed. The oil and milk were ejected, and ten whole stramonium seeds were found in the ejecta, besides several partly masticated seeds. A soap-sud enema caused copious purgation.

Trismus was now very slight, and opisthotonos much relieved, and the convulsions occurred at longer intervals and less violently. Two hours after I saw the case the face was red, the eyes closed and tympanitis relieved. Pulse 150; respiration 30; subsidence of cough. Give sweet milk and strong coffee, and put a sinapism over epigastrium until skin turns red. Eight hours afterward the child was perfectly conscious. Pupils contracting; skin moist; pulse 130; respiration easier. Thirty-six hours later the child was playing. In this case we relied altogether on the coffee and fresh, pure, sweet milk.

The seeds of datura stramonium have a sweetish, not unpleasant taste when they are ripe in the pod, and children, when they have once tasted sweets, will crave for more, regardless of the consequences. I doubt the toxic influence in the exterior part of the seed, and believe that the seeds are inert unless they are crushed or brought into the stomach in a pulpy state. Had the child not masticated some of the seeds she would probably have entirely escaped; the other children suffered no inconvenience.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, April 25th, 1877. Dr. E. G. Janeway, President, in the chair.

Mammary Tumor.

Dr. Sell presented a specimen of tumor of the breast, which he had removed by operation on the same day, from a lady aged fifty-five years and eight months. There was no history of hereditary taint or of injury. The tumor had commenced seven weeks previous, and was first the size of a marble; it had rapidly increased in size. The skin over the seat of the tumor had become discolored early in the progress of the disease. The rapid growth of the tumor pointed strongly to its malignancy. There was no glandular enlargement in the axilla, but enlarged lymphatics near the tumor were found and removed.

The President said that he thought the tumor was a sarcoma, from gross appearances. The specimen was referred to the Microscopical Committee for examination.

Catarrhal Phthisis, with Secondary Tuberculization.

Dr. Beverly Robinson presented specimens, with the following history: P. H., aged twenty-two years, was admitted to Charity Hospital on March 12th, 1877. His habits were intemperate, and he complained of cough and pain in his chest, with purulent expectoration. Four years previous he had contracted a chancre, which had been followed by syphilitic symptoms. All the physical signs of phthisis were found. Serous fluid was detected in the left side of the chest, and aspirated to the extent of eight ounces. Aphonia and dyspnœa were also prominent symptoms. The patient died.

Autopsy.—The laryngeal mucous membrane was congested, and upon the surface of both vocal cords longitudinal ulcerations were visible. The left lung was adherent. Both lungs were the seat of fibrous induration and cavities. Miliary granulations were found in the peritoneum and liver.

Dr. Robinson remarked that in these conditions tuberculization seemed to be secondary to the catarrhal process in the lungs, yet he thought it scarcely fair to always consider the tuberculization as secondary.

The President remarked that in many cases a caseous mass was found in the lungs, whilst gray masses were found in the peritoneum and liver at the same time. Upon the subject of aspirating fluid from the chest, he said he wished to call the attention of the society. He had lately directed his house physician in Bellevue Hospital to introduce the needle of an aspirator between the eighth and ninth ribs, in a case of pleurisy. The patient had suddenly moved during the introduction of the needle, thus breaking it. It has remained in the chest ever since. A singular coincidence connected with this case was, that previous to the introduction of the needle a systolic cardiac murmur could be heard, which has entirely disappeared since. This accident occurred in two similar cases, in Roosevelt and Charity Hospitals respectively.

Closure of Cystic Duct by a Biliary Calculus.

Dr. Austin Flint, Sr., presented a gall-stone which had been found lying in the cystic duct, thereby occluding it. The patient had died of Bright's disease, and had a dilated heart, but had given no symptoms of biliary calculus during life. This, the doctor thought, was an evidence that the presence of a calculus in the cystic duct did not always give rise to pain. Dr. Briddon said that pain was not produced when the calculus was stationary, but only during its passage through the duct.

Morbus Coxæ—Exsection.

Dr. Lewis A. Sayre exhibited fragments of the head of the femur, which he had exsected in his sixty-ninth case of morbus coxæ.

G. W. S., aged nineteen, of healthy parents; was always healthy himself until he was twelve years of age, at which period his hip was injured accidentally. He was first treated for rheumatism, then for morbus coxæ, by the application of Sayre's splint, and recovered. The same hip was injured a second time. He again improved under the same treatment, and

remained well for one year. He was injured a third time, at the age of sixteen, while he was playing foot-ball, after which sinuses formed, leading to the joint. During last September he became worse, and pus began to discharge profusely through a sinus opening in the groin. At this period he was attacked with peritonitis, from which he recovered. The patient was in a very low condition, and the operation was undertaken really as the last resource, to save his life. It was performed on the 15th of April. Pus was discharging profusely from the opening situated above the pubes. The head of the bone was very much enlarged, measuring six and a half inches in circumference. It was removed with great force, by pieces, through the acetabulum, which was perforated. On its removal the pus gushed out from an abscess situated behind the acetabulum. The patient was then placed in the wire cuirasse, and the wound filled with balsam of Peru. On the night of April 17th (three days after the operation) the patient slept comfortably, without having taken any opium. His pulse was 88. On April 24th the wound was reported by the attending physician to be filling with granulations.

Cancer of Bladder and Rectum.

Dr. Erskine Mason presented a specimen of cancer of the bladder and rectum, with a history as follows:—A man, aged forty-five, a patient in Roosevelt Hospital, gave a good family history. Four months previous to his admission into the hospital he first complained of difficulty of micturition; these symptoms had arisen after the patient's exposure to cold. The symptoms increased in severity, and were the same as those arising from vesical calculus. On February 1st, 1877, the patient was examined by the doctor. The walls of the bladder were contracted and roughened. On passing the finger into the rectum, it came in contact with an indurated mass. The lumbar glands were found enlarged. The diagnosis of cancer of the prostate gland and bladder was made. The patient died on April 15th.

Autopsy.—There was infiltration of the rectum and bladder, but none of the prostate gland. Secondary growths were found in the vicinity.

Dilatation, Hypertrophy and Valvular Disease of Heart.

Dr. A. L. Loomis presented specimens, with a history as follows:—

The patient, an inmate of Bellevue Hospital, gave no hereditary or acquired history of any disease. Four weeks before admission pain was complained of. Beneath the left nipple it was severe in character, extending down the left arm, accompanied by dyspnœa. Two days after swelling of the feet was noticed. These symptoms increased until the patient's admission into the hospital. On admission cyanosis was well marked, the respiration was labored and 48, the pulse 120, and not irregular, and the temperature normal. The countenance was anxious. A physical examination of the chest revealed feebleness of respiration, sub-crepitant râles, and dullness at the apices of both lungs. The respiratory sounds were normal elsewhere. The apex beat of the heart was diffuse, indistinct, and to the left, about one inch, of the normal line. There was increase of dullness upward in the præcordial region. A loud systolic murmur was heard at the apex, and all over the præcordial region. A less distinct systolic murmur was heard, and conveyed to the right, and beyond the median line, but was not perceptible at the apex. There was distinct epigastric and jugular pulsation. The diagnosis of tricuspid regurgitation, mitral stenosis, and hypertrophy with pulmonary œdema, was made by the Doctor. The patient was given digitalis, and improved under its use for ten days. However, signs of cyanosis, œdema of the lungs, ascites, and œdema of the feet, returned, and the patient died on April 20th.

Autopsy.—The lungs were adherent, and were both œdematous and congested. There was a considerable quantity of fluid in both pleural cavities. The upper lobe of the right lung was the seat of a recent hemorrhagic infarction. The kidneys were indurated. The liver was enlarged. The stomach and intestines were the seat of catarrhal inflammation. The left ventricle of the heart was dilated and hypertrophied. The aortic valves were adherent. There was thickening, adhesion, and retraction of the mitral valve. The chordæ tendinæ were shortened. The right ventricle was dilated, and the tricuspid valves were insufficient. The points of interest connected with this case were that no symptoms of cardiac disease had ever occurred previous to a month before the patient's admission to the hospital and the suddenness of the attack.

Dr. Flint remarked that he had been led to observe that severe symptoms in cardiac disease often arose suddenly.

The President related the case of a patient suffering from mitral stenosis, who had walked a great distance, after which she was attacked with pulmonary œdema, became cyanotic, and died one hour after admission into Bellevue Hospital.

Cerebral Hemorrhage—Aneurism of Cerebral Artery.

The President presented a specimen of aneurism of a small cerebral artery, which was filled with a clot. The history of the case was briefly as follows. A man was brought into Bellevue Hospital in an unconscious state, and died. A large hemorrhagic clot was found, occupying the corpora striata, both lateral, the third and fourth ventricles, extending to the base. The extravasation measured three inches in diameter.

Hydrophobia.

Another case of hydrophobia is reported from New York city. A boy in his fifth year was bitten, and died nine weeks later.

EDITORIAL DEPARTMENT.

PERISCOPE.

Diseases in which Galvanism is Useful.

The following list is given in the *Medical Press and Circular*, by Dr. Casey Coombs:—

Lead paralysis will not yield to faradization after a certain period has elapsed, though the continuous current (from a many-celled battery) will stimulate muscles to contraction when the interrupted (faradic) current fails; and after the use of the continuous current for a time the faradic current may be used successfully.

In this disease, and in infantile paralysis, success may be expected if the treatment is begun early. No time must be lost.

Rheumatic and hysterical paralysis are often speedily cured by faradism, but cases of the latter kind will sometimes disappoint the physician by the liability to recurrence of the symptoms; of course moral and medical treatment will be added.

Constipation, when dependent on deficient nervous power and paralysis of the bladder, sometimes yields to the faradic current.

Amenorrhœa has been most successfully treated by many physicians by electricity of great tension, obtained either from a fractional machine (Golding Bird) or from a faradic apparatus.

It is stated that just as the interrupted current stimulates the menstrual functions, so the continuous current will check menorrhagia. (There is difference of opinion on this point.)

Ergot of rye is so sure and speedy an exciter of uterine contraction that electricity has not been tried by many men. In a case of accidental hemorrhage in my own practice some ergot had been given, but the contraction of the uterus not appearing strong, I used faradism with the effect of the immediate expulsion of fœtus and placenta, and shortly after of a very large clot.

With a small pocket apparatus, such as Gaiffé's, and two electrodes, one flat (carried with wash-leather) for the abdomen, and the other shaped like a rectum-bougie for the uterus, it would be most easy to accelerate a tedious labor if ergot had failed, or if there were any reason for withholding it.

Several spasmodic diseases have been treated by electricity with excellent results, and especially in the case of writer's cramp, which requires the use of a continuous current applied to the muscles affected. Which muscles are affected the operator must first discern by carefully observing the limb while the patient makes efforts to write. Observations made by Dr. Poore and others show the increase of power in muscles while a galvnic current is being passed through them. Shaking palsy is said to be improved by Radcliffe's positive charge, if used in the earliest stages.

Electricity should be tried in asphyxia, as it has been relieved so many times by the employment of a faradic current passed through the scaleni and the diaphragm. The upper electrode should be small (a brass ball covered with moistened wash-leather is best); and if it is branched with two terminals, the current can be applied to both sides of the neck at once, a moistened sponge connected with the other end of the battery being applied to the epigastrium.

Anæsthesia of hysterical origin has lately been relieved by Prof. Charcot, by placing plates of metal over the parts affected. Cases of this kind may be benefited by faradization. But it is scarcely necessary to add that local treatment alone is not likely to be of permanent use.

The results of galvanization of the seat of pain in neuralgia have been very encouraging. Ten to twenty cells of a Daniell or Leclanché battery are employed, and the sponges are applied so as to include the painful spots between them. The application should be made daily.

The Pathology of Hydrophobia.

At the Pathological Society of London, Dr. Gowers showed a series of microscopical sections exhibiting the changes in the medulla oblongata and spinal cord in four cases of hydrophobia. The changes found resembled in the main those which have been described by Benedikt as occurring in the convolutions in the dog, and by Dr. J. Coats, in the lower centres in man. In all four cases the vessels of the gray matter were greatly distended, the distention being greatest in the medulla near the gray nuclei in the lower part of the fourth ventricle. In three of the cases the larger veins in this position presented aggregations of small cells within the perivascular lymphatic sheath. These were in some cases as a single layer, in other cases densely packed, so as to compress the vessel they surrounded. In most parts similar cells were scattered through the tissue among the nerve-elements, and in some places, chiefly in and near the hypoglossal nuclei, there were dense collections of these cells, constituting, in fact, "miliary abscesses." Adjacent to many vessels were areas of granular degeneration. In two of the cases many of the larger vessels (chiefly veins) contained clots, parts of which were evidently of ante-mortem formation, portions of the clot being different from the rest—darker, granular, and spongy in aspect. By some of these the appearance of embolism was

closely simulated. Attention was drawn to the indications of formation *in situ* afforded by the gradation between the normal and the altered clot, and by the curved lines of pressure to which the clot had been exposed immediately after its formation. One specimen presented thickening of the inner coat of a vein opposite the older part of a clot; and the clot was reduced in size correspondingly, as if formed secondarily to the change in the inner coat of the vein. In this vessel there were round cells in the perivascular sheath, and leucocytes within, accumulated in the old clot and within the substance of the swollen inner coat, affording strong evidence that the cells outside were also migrated corpuscles. The nerve cells presented comparatively slight changes, being merely slightly swollen and granular in some places, and surrounded with granular degeneration here and there. These changes were most intense in and about the hypoglossal, pneumogastric, and glosso-pharyngeal nuclei; slighter in the nuclei of the auditory, facial, and fifth nerves; slight also in the cord; and still slighter in the upper part of the pons.

On Misplaced Testes.

At a meeting of the Clinical Society of London, Mr. Edmund Owen brought before the Society an infant from the Hospital for Sick Children, Great Ormond Street, whose right testicle was situated in the perineum. He considered that no operative interference was advisable; that, if the gland were to be eventually useless, it might as well be left alone; whilst, if it were to undergo perfect development, it would be protected, in the sitting posture, by the ischial tuberosities. Mr. Owen next gave an account of the dissection of the generative apparatus of a cryptorchid. The subject was forty-eight years old at the time of his death; he had never been married; but used to live in common lodging-houses. His voice was known to have been high-pitched and harsh. The face was sleek and feminine, and the trunk and limbs, though well-developed, were thickly encased in fat. A large amount of fat lay over the pubic symphysis. The external organs of generation were puerile, and no testes could be made out until dissection showed them lying just outside the external abdominal rings. They were small and flabby, and their proper tissue was represented by yellow fat. Filiform vasa deferentia led to slender seminal vesicles. The bladder was large and the prostate extremely small. Mr. Owen considered that the dissection supported the inference drawn by John Hunter, that the penis, urethra, and all the parts connected with them would not have existed had there been no testes in the original construction of the body. In a well-known case of a cryptorchid who committed suicide, it was shown, by Sir Astley Cooper, that the testes were nearly of the same size as healthy testes. Allusion was also made to a case related by Mr. Poland, of a young man whose testes had never descended, but whose penis was well-developed, and who had all the other signs of virility. The man married at twenty, had two children by his first wife, and married again. Mr. Owen quoted Mr. Curling's opinion, as being in favor of the sterility of such men; and the late Mr. Coulson's (given in 1859), as being not absolutely against their power of procreation. He then placed cryptorchids in three classes; those who have neither the desire nor power of sexual intercourse, but resemble animals whose testes have been early removed; secondly, those who, like many eunuchs, have the desire, but whose power of fertilization fails, resembling animals which have been emasculated late in life; and, lastly, those whose testes, though undescended, may be well formed (as in Cooper's case), and secrete seminal filaments (as in Poland's case). He was of opinion that, if the subject were fat, had a puerile or harsh voice, a small penis, much adipose tissue over the pubes, a scanty amount of thready hair in that neighborhood, and little or none on the face, no spermatozoa would be discoverable by the microscope. In answer to Mr. Callender, Mr. Owen said that the testes in the dissection were covered in the ordinary way, as regards the tunica vaginalis.

Dr. Farquharson, in alluding to the case of the infant, said that he had seen an inflamed testis in the groin of a Guardsman, which presented many of the appearances of an enlarged inguinal lymphatic gland.

The Extirpation of Goitres.

Before the recent congress of German Surgeons, Professor Rose, of Zurich, gave a lecture on the "Extirpation of Goitres." He referred to the numerous sudden deaths from goitre hitherto unexplained, and often occurring during operations; and he had come to the opinion that these arose from pressure on the trachea, which is more or less present in every case. Hardly a single goitrous patient has a straight trachea, although it is difficult to demonstrate this by the ordinary method of removing the windpipe in necropsies. If, however, it be removed, along with the thyroid gland, and hardened, it will be seen, on transverse section, to be in every case compressed; but, unless this precaution be taken, its elasticity allows it to resume its proper form, and seem healthy. Hence the danger of chloroform in such cases. In a patient of his own, on whom he was operating for an atheromatous cyst of the scalp, and who had on his trachea one small goitrous knot, a few breaths only were administered when the patient was dead. The small knot was found to have caused partial absorption of one tracheal ring. Dr. Rose would exercise the utmost caution in chloroforming any one with goitre. He believes that the narrowing of their larynges makes the breathing always more strongly aspirating than in

health, causing dilatation of the right heart, and hence one source of death. But, besides, the trachea in that disease is softened. If one be dissected out, it will be found not only narrowed, but so flexible that it will no longer stand up, like a rigid tube, but will fall over, and bend on itself by its own weight. Hence compression and torsion of it are easy and usual; and the patients have, as a rule, flat thoraces, and breathe with the head thrown back. These conditions are so dangerous that, to avoid them, it is wise even to incur the danger of extirpating goitres; and in carrying out the operation, he urgently recommends: first, that to avoid torsion, or misplacement of the trachea, which might be fatal, one assistant be charged with the duty of watching the position last assumed by the patient, as he sinks into sleep under chloroform, and of seeing that he is never once moved out of that position during the whole operation, as it is his only safe, because his most freely breathing, position. If vomiting set in, the patient must be turned *en masse* on his side. The danger of the operation is not the bleeding, but the condition of the trachea. Secondly, make a large incision (it can never be too large), and make cross cuts where required; and, thirdly, open the trachea below the goitre; this can always be done by teasing out the goitre, if necessary, and reaching the trachea below. In the discussion that followed, Langenbeck said that sometimes, where the thyroid had actually grown to the sternum, subthyroid tracheotomy was an impossibility.

The Medical Use of Aloin.

Dr. W. Craig, of Edinburgh, in a late paper, said that the chief constituents of Barbadoes aloes, so far as we know at present, are aloin, discovered, in 1851, by Messrs. Smith, chemists of Edinburgh; a volatile oil, very like oil of peppermint, but differing in its specific gravity and boiling point, discovered by the same gentleman in 1872; and resin of aloes, which deposits from the decoction on coating. The resin of aloes was believed by some to be the cause of the griping caused by aloes. This he held not to be the case, but considered that, when pure, it had no effect at all. Aloin he regarded as the active principle. Its formula was $C^{16}H^{18}O^{7}$, with an amount of water of crystallization varying according to the species from which it was obtained. It had a tonic effect in small doses, and in large ones acted on the large intestine and uterus. It had been found effective in veterinary practice; and in the case of many of his own patients he prescribed it in pill, with most beneficial effect, as follows:—aloin, one and a quarter grains; dried ferrous sulphate, one and a half grains; sulphate of quinine, one grain; extract of nux vomica, one-half grain, made up with extract of gentian. He had never seen any bad effects follow its use; and, from its small dose, absence of griping, and certain action, he held it should always be used in preference to the crude drug.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The article on "Excision of the Lower End of the Rectum in Cases of Cancer," which appeared in this journal (June 9th, 1877), by Dr. John B. Roberts, has been republished in neat pamphlet form. As an able study of a new and important operation in surgery, it deserves the attention of all branches of the profession.

——Dr. Charles F. Folsom's contribution to the Massachusetts Board of Health Report, on the "Early Management, Modern Methods, etc., in the Treatment of Insanity," has been republished by A. Williams & Co., Boston. Cloth, pp. 109. Price $1.25. It is a carefully considered and opportune study of the subject, and should be read by all interested in that specialty, as also by those who have to legislate concerning it.

——Thanks are tendered for the following essays and reprints:—

"Hunyadi Janos Aperient Natural Mineral Water. An Account of its Chemical Composition, Physiological and Therapeutic Properties." By Alois Martin, M.D., Royal Medical Councillor and Professor in University of Munich.

"Analysis and Account of the Apollinaris Water. Extracts from the Notices of the Press," etc.

"Annual Announcement of the Department of Medicine and Surgery of the University of Michigan, for 1877–78.

"Heredity as a Factor in Pauperism and Crime." By Edward H. Parker, A.M., M.D.

Read before the Medical Society of the State of New York, at Albany, June 20th, 1877.

"The Proceedings of the Medical Society of the County of Kings."

Containing an article on "the Old and the New in Uterine Pathology and Therapeutics." By J. C. Skene, M.D. "The Adirondacks and Hay Fever." By R. M. Wyckoff, M.D.; and "Extirpation of Superior Maxillary Nerve and Meckel's Ganglion, for Facial Neuralgia." By G. R. Fowler, M.D.

"Charter and By-laws of the District Medical Society of the County of Camden, N. J., and Table of Fees, 1877."

"Case of Aneurism of the Hepatic Artery, with Multiple Abscess of the Liver." By George Ross, A.M., M.D., and William Osler, M.D., L.R.C.P., London.

A reprint from *Canada Medical and Surgical Journal*, July 1877.

"The Use of the Obstetric Forceps in Abbreviating the Second Stage of Labor." By Edward S. Dunster, M.D.

"The Frequent Association of Disease of the Ear with Insanity."

Read before the Association of Superintendents of American Institutions for the Insane, at the meeting held at St. Louis, Missouri, May 1877. By Dr. George C. Catlett, Superintendent Lunatic Asylum, No. 2, St. Joseph, Mo.

BOOK NOTICES.

The Practitioner's Reference Book. Adapted to the use of the Physician, the Pharmacist and the Student. By Richard J. Dunglison, M. D. Philadelphia, Lindsay & Blakiston, 1877. Cloth, 8vo, pp. 341. Price $3.50.

The scope of this book can best be shown by quoting from its table of contents. It commences with the Hippocratic oath; then follow a number of tables of weights and measures, metrical measures, etc.; the solubility of medicines in water, alcohol, etc.; abbreviations in common use; thermometric scales; doses of medicines for children and adults; doses for hypodermic injections; doses for inhalation, gargles, collyria, injections, suppositories, enemata; baths; prescriptions; rules for the management of infants during the hot season; a tabular view of eruptive fevers; obstetric memoranda; rules for diagnosis of uterine diseases; for clinical examination of urine; poisons, and their antidotes; directions for restoring the drowned; disinfectants and their use; dietetic rules and precepts; special forms of diet; rules for testing impure water; and finally, full directions for conducting a post-mortem examination.

Though the book is obviously a compilation, it is a good and useful one, handy to have on the table, and containing a good deal that one would be at a loss where to find on a moment's warning.

An Introduction to Practical Histology. By George Thin, M. D. 8vo, cloth. pp. 146. Bailliere & Co., London.

To those for whom the heavy works of Frey and Wagner are too formidable, we would recommend this convenient hand-book of Dr. Thin. It is clearly written, well illustrated and handsomely printed. It is especially designed for those who are beginning practical work with the microscope; but there is a great deal in it which the experienced histologist will find it worth while to read. The author has embodied the latest fruits of the researches in Germany, where histology is now pursued with the greatest ardor.

Fruit and Bread—A Scientific Diet. By Gustav Schlickeysen. Translated from the Germafi by M. L. Holbrook, M. D. M. L. Holbrook & Co., New York.

A brief synopsis is thus stated in the concluding pages: 1. According to the results of scientific study, man is by nature frugivorous, and this is in harmony with his instincts and feelings. Any departure from this must prove injurious to the health, and to the mental and moral nature. 2. Climate and surroundings cannot change the nature of man with regard to food. 3. The use of flesh food has a corrupting influence on the body, is distasteful to the sensitive nature, and in causing the death of the animal is immoral, for the work of the butcher is inhuman and barbarous. 4. There is no further necessity of continuing a flesh diet in middle Europe or America, as we can, from our present supply of fruits, nuts and grains, live on bread and fruit for at least nine months of the year, and by proper care may extend this time to fully twelve months. 5. The wise adoption of the fruit and bread diet would ultimately result in a great physical and social benefit to mankind. 6. The only excuse for using flesh is a scarcity of other food." The author finally claims that the fruit and bread diet answers all the requirements of nature, and is in beautiful harmony with her laws.

Aids to Botany. By C. E. Armand Semple, B. A., etc. pp. 56.

Aids to Chemistry. By the same. pp. 64. Bailliere, Tindall & Cox, London.

These little books have been prepared by the author as helps to students, especially medical students, who are fitting themselves for their examination. They appear to be correct and lucid, which are the two great qualities needed in manuals of the sort.

THE

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D. G. BRINTON, M. D., EDITOR.

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MEDICINE AND STATESMANSHIP.

One of the gratifying proofs of growing enlightenment is the larger importance which sanitary measures assume in the opinion of eminent statesmen. Some months ago we quoted, on this subject, the expressions of Mr. Gladstone; and now we shall not deny ourselves the pleasure of corroborating the opinion he advanced by the testimony of his great rival, Mr. Disraeli, now known as the Earl of Beaconsfield.

Last June this distinguished leader delivered an address at the opening of some model houses for working men, during which he made use of the following pointed and most true remarks:—

"The health of the people is really the foundation upon which all their happiness, and all their power as a State, depend. It is quite possible for a kingdom to be inhabited by an able and active population. You may have skillful manufacturers, you may have a productive agriculture, the arts may flourish, architecture may cover your land with palaces and temples, you may have even material power to defend and support all these acquisitions, you may have arms of precision and fleets of fish torpedoes; but if the population of that country is stationary, or yearly diminishes—if, while it diminishes in number it diminishes also in stature and in strength—that country is ultimately doomed. And, speaking to those who, I hope, are not ashamed to say that they are proud of the Empire to which they belong and which their ancestors created, I recommend to them, by all means in their power, to assist the movement which is now prevalent in this country for improving the condition of the people and ameliorating the dwellings in which they live. The health of the people is, in my opinion, therefore, the first duty of a statesman. Impressed with that consideration, I have endeavored, however humbly, at all times to assist the movements of this character, and I am confident that there is no object of higher importance to engage the interests of society."

While, as we say, every *enlightened statesman* acknowledges the truth of these principles of government, it is far otherwise with the mere politicians whom it is our misfortune usually to have to represent us in Congress and legislatures. Nearly always they look on all sanitary legislation as useless, or as a "doctors' job," which they don't propose to pass unless they see "money in it." Witness the refusal of the last legislature of this State to pass the appropriation for the hospitals; the neglect to appoint State Boards of Health in this and many other States; the unwillingness to make vaccination compulsory; the carelessness, indeed, of nearly every sanitary interest, not to speak of bills regulating the profession itself, a class of bills which we, for one, have given up advocating, on account of the partiality of legislatures for charlatanry.

It is hardly better in France. The last chamber of Deputies in that country numbered a great many medical members, who had formed a group for the purpose of investigating questions connected with medicine or the public health, and bringing them to the notice of their lay colleagues, or proposing bills, if possible. They were full of good intentions, but were not able to accomplish much. On many questions they were divided among themselves, and in some way they were viewed with mistrust by their lay colleagues, who suspected interested motives, and thought *qu'ils plaid-*

aient pour leur paroisse. They were able, however, to effect some good by ventilating many subjects, by accustoming the chambers to consult the profession and to take cognizance of matters of public health and medicine; and two of the laws which were voted—that for the repression of drunkenness and that for the protection of infancy—bore the name of "laws of Dr. THEOPHILE RUSSEL," one of the most influential members of the parliamentary medical group.

It will be generations, perhaps, before the average legislator will, on this subject, see with the clear vision of a GLADSTONE or a DISRAELI; but until he does, we have no claim to be a really civilized nation, nor have we a right to hold our government as a model one, when it neglects this, the most important, almost, of its duties.

NOTES AND COMMENTS.

Sanitary Teachers.

Dr. James McIntosh, in his address as President of the South Carolina Medical Association, 1876, says, in regard to imparting information to the public:—"We are not practitioners of medicine only, but teachers of hygiene, and provided the lessons are plain and practical, we will find the public an apt scholar, one, though, that will be led, not driven, a scholar seeking knowledge he knows not how to find; which knowledge we can in a great measure utilize for him, from the stores at our command, with no derogation to the profession, but with a good result that would be of lasting benefit to both."

Albuminous Urine in Intermittent Fever.

At the Caucasian Medical Society, Dr. Schoskovski read a paper on this subject, in which he stated that he had treated for intermittent fever one hundred and fifty-four soldiers in the military hospital at Kussan, which is surrounded by marshes, and where 80 per cent. of the affections are due to malaria. He found—1. That more than half of the whole number of cases of intermittent fever exhibited occasional albuminuria. 2. In cases in which there have been frequent relapses, and cachexia has become developed, albumen is almost always found. 3. In recent cases, or if only a few relapses have occurred, albumen is seldom met with. When it is found it coexists with depression of power, consequent on extreme severity of the attack, accompanied by a higher temperature or preceded by other "infectious" disease. Albumen is especially met with in the remittent type, and oftener in quotidian than in tertian fever.

Causes of Cholera Infantum.

The Massachusetts Board of Health Report states some causes of this disease:—

1. Long-continued and excessive heat, acting on children who have been nourished on artificial food, in crowded and badly ventilated rooms; exposed to decaying animal and vegetable matters, bad drainage, putrefying excrement, and water contaminated with putrescent animal matter, especially soakage from privies.

2. Offal thrown out of tenement houses, being allowed to remain and decompose.

3. Very hot weather in conjunction with unsuitable food and contaminated air; absence of sunlight; defective drainage and overcrowding; as also privies and swill pails.

4. Overcrowded, dark, badly-drained houses.

5. Errors in diet. Of two hundred nursing bottles examined, but twenty were proved free from fungi.

6. Exposure to the heat of a cooking stove in rooms in the second and third story.

7. Teething infants, fed artificially upon bad food.

An Epidemic of Paralysis.

Foreign exchanges give us a description of a peculiar form of epidemic paralysis occurring in the village of Aryannon, on the Tage, in the Spanish province of Guadalajara, and in other localities, attacking all ages and both sexes, but chiefly those of robust constitution. The lower limbs become first feeble, and then paralyzed, with formications, cramps, tremor and pain. The paralysis is never complete, and the flexor muscles are more affected than the extensors. The paralysis includes the sphincter of the bladder, but not that of the rectum. Muscular co-ordination and contractility, as tested by electricity, remain intact; and cutaneous sensibility is normal. The progress of the disease may be acute or chronic. The

nature of this extraordinary form of paralysis is still obscure. The Spanish physicians think it is owing to an alteration in the anterior columns of the spinal marrow, while others regard it as similar to the acrodynia which appeared in Paris in 1828.

Spores.

In microscopical examinations, spores may be confounded with fat globules, blood disks, nuclei of epithelium cells, pus globules, etc. The diagnosis can be absolutely determined only by the use of reagents.

Spores are unaffected by ether, chloroform and alcohol. These dissolve fat cells and render epithelium transparent.

Ammonia makes spores a little more colorless. It dissolves pus, and secretions of eruptive diseases, making a gelatinous mass. Hot solution of potash with alcohol dissolves impetiginous crusts, fat, pus, hair and epithelium. Acids destroy earthy particles.

Vesicating Property of the Ranunculus.

In case of emergency, wishing to produce a blister, and having no cerate of Spanish fly, any member of the Ranunculaceæ will do the work, and will not produce strangury. This acridity is present only in the green state of the plant. Cooking destroys the active principle. Children being attracted by the bright yellow of the butter cup, have been enticed to eat and swallow some of the flowers, and several instances are known, by rural doctors, where quite violent irritating effects have been produced.

Podophyllin.

Professor Rothrock states that one fact in regard to the May apple is often overlooked, and that is, that the leaves are just as active as the root. If the leaves are cooked, and eaten as a pot-herb, very violent and dangerous symptoms may be produced. The same fact holds true of *bloodroot*, the leaves being as active as the root.

Human Vampires.

The last sensation in medical matters is sent us by a correspondent, who takes it from the *Christian*, published at Boston. It reads as follows:—

"Blood drinking has become quite popular of late years, and many invalids daily visit the abattoirs of New York for the purpose of drinking the warm life-blood of the ox. It is a fact not generally known, however, that this appetite for blood increases upon those who indulge in it. Women, who at first quaff with repugnance and some horror a wineglass of the warm crimson gore, gradually acquire a craving for it, and take down a tumblerful with evident relish. Parties under this blood spell, almost invariably manifest a desire to try the effect of human blood. Two cases of this kind have been reported in New York."

The cases are sufficiently horrible, a monomania for human blood being developed which required absolute restraint.

Lamprey Oil as a Substitute for Cod-liver Oil.

A German physician, Dr. Markenot, has succeeded in purifying the oil extracted from lampreys (which, in its crude form, has been long employed in Russia for industrial purposes), and thereby prepared an oil which he thinks may often be substituted with advantage for *oleum jecoris aselli*. It is said to be of a not unpleasant taste, to be easily digestible, and to have an analeptic action even superior to its rival. It also contains a larger percentage of iodine. It has somewhat the appearance of salad oil, and is not so thick as cod-liver oil, which many patients will esteem an advantage.

Treatment of Distemper.

It will be interesting to lovers of the canine species to hear of a simple remedy for distemper. At the quarterly meeting of the Scottish Metropolitan Veterinary Medical Society, Mr. Baird mentioned the case of a collie dog in the last stage of the disease, and which its owner had determined to destroy. Shortly after being treated with doses of strong coffee and a little sweet milk, the animal, however, so far recovered as to be able to stand and walk. The chairman of the meeting said the case seemed almost unique.

Effects on Health, of Bad Drainage.

The Massachusetts Board of Health Report says:—"It is no new idea that good sewerage and drainage are essential to health. As far back as 1834 one of the leading medical men of London gave his evidence that four-fifths of the cases of typhus fever (probably typhoid, as the two diseases were not distinguished then) which he witnessed he could trace to foul drains and

foul gullies; and even if, in an attempt to cleanse houses, we foul rivers, should we not ask, with one of the first living sanitarians, 'Whether it is better to pollute rivers, or pollute houses or towns? to kill fish or to kill men?'"

Deaths from Lightning.

It is stated that three-fourths of deaths from lightning are males, by reason of their more frequent exposure in open fields, etc. It is well to bear in mind, moreover, that death may be produced without there being any marks of the electric fluid upon the body. There are no positive internal post-mortem signs. The brain is not ruptured, and the blood, contrary to the belief of many, does coagulate after death. Decomposition is a little more rapid.

Correspondence.

Medical Charities.

Ed. Med. and Surg. Reporter:—

From observation which considerable service in connection with one of our dispensaries has afforded, I am compelled to differ from the conclusions stated by a recent writer in your journal. It is my belief that *over* four-fifths of the patients treated at the institution with which I am familiar are *entirely worthy objects of charity.*

This estimate was more than confirmed by the result of an investigation made by the Board of Managers of the institution about a year ago. A competent and trustworthy person was employed to look up about three hundred names, taken consecutively from the register of patients. He reported less than two per cent. whom he had reason to believe were in a condition to pay for professional services.

No one disputes the right, nor charitable motives of some of our religious, beneficial and secret societies, in making provisions for their poor, including the employment of a medical officer to attend their sick. But for the large number of worthy poor who do not belong to any of these organizations there would be no provision were it not for the existence of our private charities.

The beneficiaries of these voluntary organizations embrace "those whose means, with all their exertions, are barely adequate to their support, so that when sickness overtakes them they find themselves not only disqualified for their usual occupations and means of support, but utterly unable to incur the extra expense attendant upon it; and however willing and ready their physician may be to respond to their call, they have no means to purchase the necessary medicines required. A little assistance during their temporary distress, and timely and efficient medical advice and medicine, would prevent them from becoming permanently dependent upon "public charity." This class are not paupers, never were, and have no intention of becoming so.

It cannot be denied that the contributors to such charities have a right to recommend any one deemed by them worthy of their benefits, and to feel that the support of such charities is as much a benevolent act on their part as it would be for the physician to render free professional services to relatives or friends in similar distress.

Those who have reason to believe that our Medical Charities afford relief to a large number that should pay for professional services, should seek to have the matter *properly* investigated, say by the County Medical Society. A committee should be appointed and empowered to investigate cases from our dispensaries, hospitals and college clinics; and if abuses are found, to suggest the proper remedy.

It is my conviction that the legitimate incomes of physicians are not materially diminished by the abuse of Medical Charities. There are other causes that lessen their revenue, to which I will briefly allude:—

1. The large amount of business flowing into the hands of irregular practitioners.

2. Self prescribing by a large number of people. The increasing knowledge of the effect of medicine on the part of the public favors this. Take intermittent fever; the remedies for it are probably more often purchased without a prescription from a physician than with it; and so of many other ailments.

3. The large increase in the sale of quack and proprietary medicines.

4. Counter prescribing by apothecaries, thus encroaching on the legitimate sphere of the physician.

As a remedy (to a certain extent) for these abuses, physicians should return to the former custom, of dispensing their own prescriptions. To the young practitioner the moderate fee, including the medicine, received from the patient at every visit, would soon establish him. To those of large practice a qualified medical assistant would be required, who should also become an expert pharmacist and a graduate of the College of Pharmacy. He would render valuable services to the physician in many ways, and by faithfulness and devotion to his duties be encouraged to look forward to partnership or successorship.

While the carrying out of this plan might lessen the number of retail drug stores, those engaged in the selection, preservation and manufacture of drugs and chemicals would have more business, because there would be a greater consumption, in consequence of the increase of the legitimate practice of medicine. The relations of physicians and pharmacists, now growing more asunder, would again become cordial, as both professions would be moving toward the attainment of a true medical science and practice. Very respectfully,

Charles Carter, M. D.,
July 30th, 1877. 610 Fairmount ave.

News and Miscellany.

Personal.

—Among those who distinguished themselves by their coolness and bravery during the recent campaign of the First Division of the Pennsylvania National Guard was Dr. Charles S. Turnbull, of this city, one of our contributors, and the son of Dr. Laurence Turnbull, well known to the readers of the Reporter and to the profession in general. He went out as Assistant Surgeon to the First Regiment, but for a portion of the time acted as regimental, and subsequently as brigade surgeon, remaining at his post, and doing good service during the dangers of the street fight, the round-house, Pittsburgh, the perilous march to Sharpsburgh, and the final movements of the Division at Pittsburgh and Scranton.

—Dr. Lewis A. Sayre, of the Bellevue Hospital, New York, has been in London for the purpose of demonstrating practically his mode of treatment of Pott's disease of the spine and lateral curvature. At the invitation of the surgical staff of University College Hospital, he gave a practical demonstration of his method before a numerous professional audience.

—Dr. T. D. Crothers, Assistant Physician at the Binghamton State Inebriate Asylum, has resigned, to become Superintendent of the Asylum at Walnut Hill, Hartford, Conn., which will be opened for the reception of patients the 1st of October. All correspondents are requested to address him at the latter place.

—Mdlle. Zenaide Ocumkoff has just successfully presented her thesis for admission to the doctor's degree, to the Paris Faculty of Medicine. The subject of her thesis was, "On the rôle of Ether in Subcutaneous Injections, and of the use which may be made of it as a supplement to tranfusion of the blood."

—Politics, for physicians, seems to pay as poorly as practice. Dr. Acker prints a card, in which he announces himself as a candidate for sheriff of Montgomery county, Pa., and says he seeks the position because he needs it, having nothing left after twenty-four years' service in behalf of the party.

—Dr. J. B. Armstrong, a leading physician of Terra Haute, Indiana, was shot and killed in the northern suburbs of that place on August 7th. The cause of the murder is a mystery.

—The Chair of Theory and Practice in the Medical Department of Yale College has been offered to Dr. G. W. Russell, of Hartford, Conn.

Plague in Persia.

A telegram from Teheran, under date July 7th, announces that a very general exodus is proceeding from Resht, in consequence of the prevalence of the plague at that place. No official statistics have been issued; but the number of cases is believed to be from twenty to thirty daily.

Diploma Vending.

The traders in diplomas seem to have "gone West." Monsieur E. E. Lavitte, of Cincinnati, is now the man to go to, since old Dr. Buchanan got into such very hot water. Mons. Lavitte has put down the price to $25, probably in view of the "prevailing stringency." If the Cincinnati Academy of Medicine will take the matter in hand, we shall be pleased to put some documents at their disposal to work with.

Sunstroke in Paris.

According to an official report, at the review which took place on Sunday, July 1st., at the Bois de Boulogne, and at which were present about 40,000 men of all arms, one hundred and two were struck down by the sun. Of these eighty-four had to be sent on to Val-de-Grâce, whereas the others, after appropriate treatment, were soon able to rejoin their respective regiments. Among the spectators, of whom there was an enormous assemblage on the grounds, ten persons were struck down.

Burning of a Hospital.

St. Louis, August 6.—St. Boniface's Hospital, under the management of the Sisters of the Franciscan Order, situated in South St. Louis, was to-day totally destroyed by fire. All the patients were safely removed. The building and furniture cost $40,000 three years ago.

OBITUARY.

DR. ABRAM SAGER.

In the death of Dr. Sager, of the University of Michigan, the West loses one of its most eminent physicians and scientists. Dr. Sager was born at Bethlehem, Albany county, N. Y., December 22, 1810. He was graduated from the Polytechnic School at Troy, in 1831. Subsequently he attended lectures at the Albany Medical School and at Castleton, Vt., graduating from the latter institution in 1835. While at Troy he cultivated a taste for the study of botany and zoology, which afterwards became specialties with him. The Sager Herbarium, now in the University of Michigan, contains 1200 species and 12,000 specimens. As chief in charge of the Botanical and Zoological Departments of the Michigan Survey, he made a large collection of specimens in zoology. From 1845 to 1855 Dr. Sager was professor of his specialties in the University of Michigan, besides being Dean of the Medical Faculty, which latter position he held after he had ceased active duties as an instructor. Dr. Sager was a member of many learned societies in this country, and a contributor to our leading medical and scientific journals.

DR. ALPHEUS BENNING CROSBY,

who died at Hanover, N. H., last week, after a brief illness, was the second son of the late Dr. Dixi Crosby, for many years the leading professor in the medical department of Dartmouth College, and one one of the most eminent practitioners and medical authors of New England. Dr. Crosby was born in Gilmanton, N. H., in 1832. He was graduated in both the Academic and Medical departments of Dartmouth College, and was afterwards appointed to a Professorship in the latter department. At the same time he occupied a chair in the Medical Department of the University of Vermont. In 1871 he accepted a Professorship in the Long Island Medical College, and afterwards the chair of Anatomy at Bellevue College. During his residence in New York he attained a prominent place in the profession.